State of Oregon
DEPARTMENT OF HUMAN RESOURCES
STATE HEALTH DIVISION
Department of Human Resources

10-03-95P03:12 RCVD

CERTIFICATE OF DEATH

Vol. M95 Page 26749

Vital Records Unit

7085 449 K 48429

Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: MANLEY; Middle: ; Last: HOUSKE			2 DATE OF DEATH (month, day, year): December 5, 1983
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 78; 5b Under 1 year (mos. / days); 5c Under 1 day (hours / min.)	6 DATE OF BIRTH (month, day, year): May 12, 1905
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient	7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Caroline	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 540-03-7440	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber worker - Retired	14b KIND OF BUSINESS OR INDUSTRY: Weyerhauser Lumber Co.		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2450 Biehn St. 97601	15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: - Houske	17 MOTHER—Maiden Name first middle last: -	18 INFORMANT—NAME and relationship to deceased: Caroline Houske - Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gardens	19c LOCATION city or town state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Tim Lancaster	20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon			

DISPOSITION

1. _____
2. _____
3. _____

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: F. Geoffrey Marx

NAME AND ADDRESS OF CERTIFIER [Type or Print]: F. Geoffrey Marx, MD 2614 Clover Klamath Falls, Oregon

21b DATE SIGNED [Mo., Day, Yr.]: 12/7/83

21c HOUR OF DEATH: 4:50 P. M

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 9 1983

22a REGISTRAR

22b [Signature]: Marian E Ackerman

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

4.	23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] PART I (a) Respiratory Failure	Interval between onset and death: 1 wk.
5.	DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia	Interval between onset and death: 2 wks
6.	DUE TO, OR AS A CONSEQUENCE OF: (c)	Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Diarrhea

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No		M	

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E Ackerman, Deputy Registrar

Date DEC 9 1983

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 3rd day of October A.D., 19 95 at 3:12 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 26749.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00